Children's World

Year in Review Issue
1983

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The Children's Hospital, 300 Longwood Avenue, Boston, MA 02115
President: David S. Weiner Chairman of the Board: David I. Kosowsky, Sc.D.
Children's World is published by the Office of Public Affairs
Vice President for Public Affairs: David Estridge

The Year in Review

The Children's Hospital, founded in 1869, is a voluntary, nonprofit teaching hospital affiliated with Harvard Medical School. The largest pediatric hospital in the country, it is dedicated to patient care, research, and teaching, and offers comprehensive health care services for patients from birth through young adulthood.

Executive Review

Preparing for the future was a major thrust for The Children's Hospital in 1983. The key effort, which involved the tireless commitment of a great many people throughout the hospital, was to secure approval of our Determination of Need proposal to build a new inpatient facility. We were all very pleased when in March, the state's Public Health Council gave its approval to the proposal that will enable Children's to proceed with the most ambitious building program in its history.

When our current inpatient facilities were originally designed and constructed, some more than 70 years ago, such specialties as pediatric cardiology did not exist; parental participation in a child's hospitalization was virtually unheard of; the revolution in nuclear medicine was yet to come; and organ transplantation was a vision of the future. Today, these and other developments are integral parts of health care for children.

However, these medical advances make demands on space and design and we have exhausted our ability to renovate, rebuild, or redesign the current physical plant. With the construction of a new and modern inpatient facility on Blackfan Street across from the present main entrance, Children's can continue providing the kinds and quality of services that will sustain our reputation as a leader in pediatric care, teaching, and research.

David S. Weiner, President

Larger patient rooms will be an important aspect of the new facility. Children's has long been keenly aware of the great benefits gained by parental participation in a child's hospitalization. By providing increased "rooming-in" space, we can allow more parents to spend the night near their child. This often brings comfort to the child and the parent and may make a child more receptive to hospitalization and treatment.

David I. Kosowsky, Sc.D., Chairman of the Board

As part of this effort, parents are encouraged to assist in the feeding and treatment of their child. This experience helps prepare parents to continue necessary care once the child returns home. Also, additional space, and more single and double rooms on patient divisions, will allow more privacy for families to meet with physicians, nurses, and other health care professionals.

The new facility design will better accommodate the use and storage of state-of-the-art medical equipment. Children's surgical case load today includes the repair of congenital heart malformations within hours after birth; organ transplantation; and delicate urological and craniofacial surgery. Fifteen new operating room suites will be equipped with improved infection control systems, and will provide the space needed for equipment necessary to perform and support these modern operating procedures. The use of lasers, operating microscopes, and overhead equipment will be made more efficient and effective in all our new operating rooms.

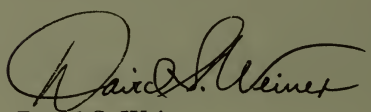
The hospital's intensive care units will be enlarged to better accommodate technological advances and support equipment that did not exist even 10 years ago. As one example, a plasmaphoresis machine that provides hemoperfusion – the selective removal of abnormal elements of the blood that can cause disease – requires substantial space at a patient's bedside. The new facilities will allow adequate space for this and other equipment such as the bulky computerized monitors for blood and waste levels, heart and respiratory rates, and temperature for organ transplant or hemodialysis patients.

In our Neonatal Intensive Care Unit, medical "miracles" occur daily with the assistance of modern machinery. This equipment includes high-frequency ventilators, which provide safer, more effective respiratory support to patients, but require more space at bedside. Patient care and research advances, combined with technological improvements, are responsible for remarkable achievements in neonatology: 10 years ago only 1 percent of infants born weighing less than two pounds survived; today, the survival rate is 60 percent for those newborns.

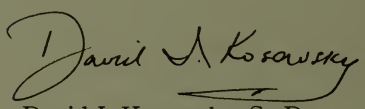
Trends in diagnostic procedures that help predict and prevent disease also demonstrate the tremendous impact of modern technology and the demand for larger, more modern facilities. New techniques in radiology and "imaging" require special rooms with high ceilings to allow large pieces of equipment to move over and around patients. Special computers are needed to analyze complex, more comprehensive data. Our new facility will provide the space to securely store, use, and maintain this type of equipment.

As an institution that has trained more pediatricians than any other facility in the country, Children's has intensive teaching demands. Much teaching takes place at the patient's bedside. The planned increase in the size of patient rooms and the addition of much-needed conference rooms will enhance instruction and interdisciplinary communication.

Providing high quality, comprehensive, and compassionate care within the most progressive environment continues to be our primary mission at Children's Hospital. With the dreams, hopes, and plans for this new inpatient facility becoming a reality, we will be able to fulfill that commitment for many years to come.



David S. Weiner
President



David I. Kosowsky, Sc.D.
Chairman of the Board

1983: Activities and Accomplishments

Corporate reorganization achieved. In January Children's reorganized its corporate and governance structure and made changes in its legal status that affect names, recordkeeping, and certain support systems. The parent corporation for the new structure, "The Children's Medical Center," retains and manages certain assets, conducts fundraising, establishes policy, and oversees the affairs of constituent organizations, the most significant of which is "The Children's Hospital." All current medical and clinical staff and the great majority of personnel, buildings, and equipment remain part of the hospital.

Successful response to Chapter 372. During the past year, Children's was able to respond successfully to the regulations of Chapter 372, the charge-control law passed late in 1982 that revolutionized the way hospitals in Massachusetts are paid for services. Anticipating significantly less revenue, Children's acted quickly to reduce its expenses rather than face severe and long-term deficits. Because of the reductions made in the fall of 1982, the hospital's financial picture in 1983 remained strong. Although Chapter 372 will require continued cost consciousness over the next several years, its effects should not lead to cuts in personnel or patient services.

Anniversaries celebrated. The Manville School of the Judge Baker Guidance Center (JBGC) celebrated its 25th anniversary last year. An affiliate of The Children's Hospital, the JBGC's Manville School provides special education for 65 students aged 7 to 17 who are emotionally disturbed or learning disabled.

The 20th anniversary of Division 20 gave Children's the opportunity to reaffirm its commitment to the union of research and patient care. Patients come from far and near to Division 20, the hospital's Clinical Research Center (CRC), to receive experimental treatment for complex disorders. Many significant advances in therapy, such as bone marrow transplants for children with immune deficiency diseases that were once fatal, originated in the CRC.

When the CRC opened at Children's in 1963, there was little hope for children with immunodeficient diseases. Today, Matthew Johnson, born with Wiskott-Aldrich syndrome, is 3 years old and healthy because of the bone marrow transplant he received last year at Children's. A celebration was held for Matthew as he crossed the threshold from the sterile room on Division 20 where he had remained for several months.

The Developmental Evaluation Clinic (DEC) at Children's celebrated its 15th year of providing multidisciplinary services to infants, children, adolescents, and young adults with developmental disabilities, and of offering training and education to professionals who work with them. It was a fitting year for the publication of *Developmental-Behavioral Pediatrics,* the first major textbook to integrate diverse approaches to the developmental and behavioral health of children. The editors and several contributors are on the DEC staff.

New affiliations. Children's and Kennedy Memorial Hospital for Children, in Brighton, established a formal affiliation of their departments of medicine and orthopedics last year. The agreement marked the beginning of a relationship that will allow both hospitals to offer a more comprehensive system of health care for children.

Children's also joined a coalition of Boston teaching hospitals seeking Department of Public Health approval to bring a coordinated liver transplantation program to New England. It is estimated that there are 100-200 patients in New England each year who would benefit from liver transplantation; approximately 40 percent are children.

Named the Boston Center for Liver Transplantation (BCLT), other members include Massachusetts General Hospital, New England Deaconess Hospital, and New England Medical Center. The group filed a Determination of Need (DoN) application that was still under review by the Public Health Council as the year drew to a close.

Advances in patient care. A new technique to repair the hearts of infants born with a fatal defect was described early in the year in the *New England Journal of Medicine* by a team of Children's Hospital physicians. Hypoplastic left heart syndrome, characterized by an abnormally narrow aorta and the absence of a left ventricle, is the fourth most common heart defect among newborns. Most of its victims die a few weeks after birth. Patients were referred to Children's throughout the year from across the country and around the world, and many of their stories drew extensive media interest.

The repair involves immediate surgery to keep the baby alive and healthy until a second operation can be performed later. Of the 24 first-stage operations performed at Children's last year, half the patients have survived. The second operation is performed several months to several years after the first and is necessary to assure long-term survival.

A giant step was taken last year in the treatment of osteogenic sarcoma, a malignant bone tumor that occurs primarily in adolescents. The most common site for the tumor is the knee bone, and until now, customary treatment had been removal of the entire limb. Pioneering surgery performed at Children's involves removing the bone harboring the tumor and replacing it with transplanted bone. Last year marked the first time such a large section of bone, including a joint, was successfully replaced.

A new method was begun last year at Children's to better diagnose and locate epileptic seizures and monitor the neurological status of children in intensive care. Known as long-term selective sampling (LTSS), the method provides continuous EEG (electroencephalography) monitoring for periods of 24 hours or more. LTSS makes it possible to monitor seizure activity over a longer period of time than a traditional EEG allows, and to identify the exact location of the seizure in the brain. LTSS also is valuable as an objective assessment of the

Because of the ambulatory surgery preadmission program, Clay Syren, 8, was well prepared for his big day. With the help of Susan Leung, R.N., and a stuffed bear named Toby, Clay learned how a stethoscope is used.

brain activity of children in intensive care.

In addition to improving methods of clinical care, Children's continued its efforts to meet patients' psychological and emotional needs. A program to help prepare children for ambulatory surgery was introduced last year. Although Children's has an extensive and well-known preadmission program to help children and adolescents prepare for hospitalization, until now the many children who come to the hospital for ambulatory surgery had no organized way to prepare for the unfamiliar events of a very important day. The new program includes a presentation by the nursing staff and an opportunity to become more familiar with hospital materials such as surgical masks and gloves.

Research. Through methods ranging from sophisticated technology to recombinant DNA techniques, scientists at Children's continued their efforts to understand normal and abnormal body functions and to discover the cause, prevention, control, and cure of diseases that affect children.

It was learned through a study of 280 children that extensive diagnostic tests to determine the seriousness of heart murmurs are often unnecessary. While heart murmurs remain the most common reason for referring a child to a specialist, this research showed that a medical history and physical examination are usually sufficient to distinguish an innocent heart murmur from a serious heart problem.

An intensive new drug therapy that halts the progression of multiple sclerosis (MS) was discovered last year by investigators at Children's, Brigham and Women's Hospital, and Massachusetts General Hospital. They found that high, short-term doses of cyclophosphamide, a drug that suppresses the immune system, and ACTH, a pituitary hormone, can modify the clinical course of patients with severe, progressive MS. It was the first time that any treatment has been shown to alter, even temporarily, the course of this crippling disease.

It was also learned at Children's last year that the severe and usually fatal liver disease that often accompanies hereditary tyrosinemia may begin before birth and not be a result of high levels of tyrosine.

A pellet of the drugs heparin and cortisone was placed into this chick embryo in the zone surrounded by the arrows. The drugs inhibit growth of blood vessels that feed a tumor.

Hereditary tyrosinemia is characterized by excessive blood levels of tyrosine (an amino acid found in most proteins) and severe liver disease. It was previously thought that the liver disease was caused by the tyrosine. By analyzing the blood of three infants with hereditary tyrosinemia, however, the investigators found that the liver disease actually begins prenatally and may already be well advanced at birth.

Research in hematology last year provided a new view of antithrombin III deficiency, a condition that causes blood clots. Through recombinant DNA techniques, it was learned that this protein deficiency is caused by a missing gene or a mutant gene. It is hoped that a genetic knowledge of antithrombin III deficiency will shed new light on other inherited disorders, as well.

A new understanding of a certain type of leukemia was achieved last year because of research done at Children's and the Dana-Farber Cancer Institute. By studying cultures of bone marrow from a child with acute myelomonocytic leukemia in relapse, investigators were able to identify the level of cell development at which the disease originates.

They learned that underneath the obvious leukemic cells there is a population of cells that does not look like leukemia, but is actually the origin of the disease. Effective treatment will be directed at these primitive cells as well as at the more developed ones.

Another significant advance in cancer research was made when it was discovered that the drugs heparin and cortisone, used together, can eradicate certain animal tumors. The drugs inhibited angiogenesis (the abnormal growth of blood vessels that feed a tumor) and caused regression in large tumor masses. It was the first demonstration that certain tumors can be completely eradicated by antiangiogenesis alone.

Through studies done in the Clinical Research Center at Children's, it was learned that type I glycogen storage disease, a chronic, metabolic disorder that affects a child's growth and usually results in death, can be controlled by diet—specifically, a regular intake of uncooked cornstarch.

Glycogen storage disease acts on the body exactly as its name suggests. Glycogen, or stored sugar, remains trapped in the liver and is never metabolized, thus depriving the body of glucose. The disease used to be treated by a dosage of sugar and water every few hours as well as overnight gastrostomy feedings. Studies began to suggest that complex starch, which is digested slowly, might provide the body with a steady source of sugar. Uncooked cornstarch works best because it breaks down and converts to sugar more slowly than cooked cornstarch and is released into the bloodstream more regularly.

The recent discovery of a new way to treat type I glycogen storage disease gave Scott Tremelling, one of its victims, the promise of a healthy life.

A new image-analysis system, acquired last year through a grant from the National Institutes of Health, will enable neuroscientists at Children's to track the development of the central and peripheral nervous systems. The new equipment, which includes a computer-controlled microscope, creates a three-dimensional picture of specific parts of the nervous system during prenatal and postnatal stages of development. It is hoped that the system will yield a new understanding of the regeneration of nerve fibers and an insight into the causes of mental retardation and sudden infant death syndrome.

Not all the major research at Children's last year was aimed at the prevention of disease. Significant advances continued to be made in the understanding of normal child development and behavior. For example, it was learned through studies of newborn babies that diet can influence sleep patterns. Specifically, the investigators found that newborns fall asleep more easily if the amino acid tryptophan plus carbohydrates are added to their formulas, and stay awake longer if another amino acid is given. These findings are significant because they chart the biochemistry involved in what infants eat and how they behave, and suggest the possibility of adjusting a baby's sleeping patterns by tailoring formulas or adjusting a nursing mother's diet.

Children's was awarded a $600,000, four-year grant from the National Institute of Mental Health to study the effect of early intervention methods on high-risk, premature infants. The research is being conducted at Brigham and Women's Hospital, and includes infants born after a pregnancy of less than 32 weeks.

WBZ campaign expands. The fourth annual WBZ-Children's Hospital Fund received a great boost last year through the participation of WBZ Television.

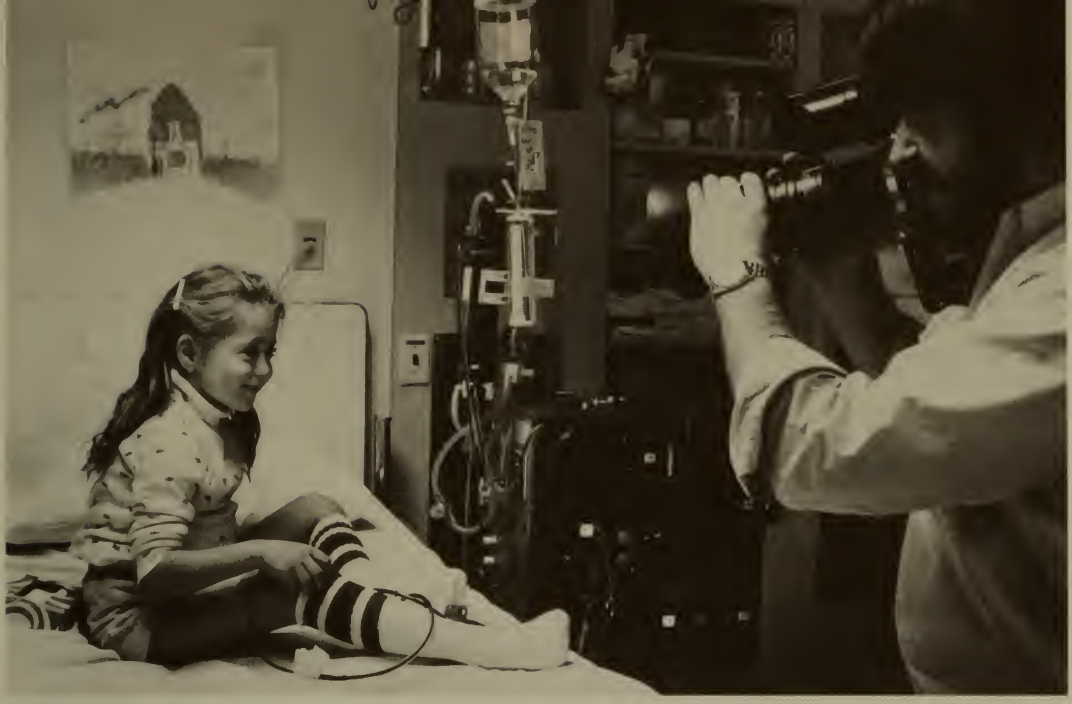
In the first three years of the drive, WBZ Radio raised nearly $500,000 in support of the hospital while devoting hundreds of hours of air time to tell "The Children's Hospital Story." Again last year, broadcasts were aired during the three weeks before Christmas from "The Incredible Broadcast Machine," the station's mobile van parked between Jordan Marsh and Filene's at Downtown Crossing. Stories about Children's were sprinkled throughout WBZ's regular programming, as well as interviews with hospital staff, employees, patients, and their families. Holiday shoppers were encouraged to visit the van and make donations to Children's.

WBZ Television's involvement gave the drive a tremendous lift. Channel 4 presented patient stories, public service announcements, and promotions in support of the campaign. Photographs of WBZ personalities with hospital patients appeared on billboards around the city and on MBTA buses.

A major highlight was a prime-time telethon broadcast live on December 17 for the benefit of Children's. The three-hour program included stories about hospital services and patients; entertainment; and live coverage of former patients and their families who filled two studios at the station as they decorated a tree, painted a mural, and enjoyed the entertainment. Telephones were answered by a variety of people from Children's: trustees, medical and nursing staff, employees, volunteers, and parents. Collections were also made at four suburban shopping malls.

The WBZ campaign is well on its way to becoming one of the most successful events of its kind in the country, and the commitment on the part of both radio and television represents one of the strongest community efforts ever to be sponsored by a major media outlet. At the end of the campaign, contributions to Children's amounted to more than $450,000.

Radio personality Dave Maynard poses with Stephen Gilpatric for a poster that was seen during the campaign on billboards and buses throughout Boston.



Stories about hospital patients like Lisa Paiva, 13, (a dialysis patient) were filmed on location and shown on WBZ-TV both during and in advance of the telethon.

WBZ-TV co-anchors Liz Walker and Jack Williams shared with the television audience some experiences of former patients.

Children's Hospital League activities. 1983 was a year of unprecedented support from the Children's Hospital League. The generosity and hard work of this group during last year will be felt by the hospital for many more years to come.

In May, the League made a donation of $80,000 to the hospital, most of which was raised through two of the League's long-standing efforts, the Thrift Shop and the annual Yankee Bookstall. This generous gift helped ensure the continuation of many of the projects that bring joy to Children's Hospital patients.

In addition to traditional fundraising activities, the League sponsored the first "Children's Festival" to celebrate the holiday season. Held at the Plaza Castle in Boston November 30-December 4, this new fund-raising and spirit-raising event featured a sparkling display of professionally decorated trees and wreaths, which were purchased by friends of the hospital. The festival also included seasonal entertainment by clowns, magicians, dancers, singers, and orchestral groups; a giftland with ornaments and crafts; a sweetland with gourmet treats; and a funland with exhibits and games for children. Several of the trees were donated to the hospital by their purchasers, and served to decorate the main lobby, the Fegan lobby, and the Emergency Room during the holiday season.

Among the many beautiful trees at the festival was one adorned with Victorian-style velvet and lace, another with tiny harlequin faces. The most admired of all was the tree decorated by a group of hospital patients.

Overseer/Trustee activities. In January, David I. Kosowsky, Sc.D., became chairman of the Board of Trustees, succeeding William W. Wolbach, who remains an active member of the Board.

Wolbach's close friends and associates gathered at a dinner in May to honor his 26 years of service to Children's. At the dinner, it was announced that the hospital's administrative building at 55 Shattuck Street had been named the William W. Wolbach Building.

New trustees appointed to the Board last year were: Charles F. Barlow, M.D.; Anna F. Jones; and Helen B. Spaulding.

The ambitious program of Overseer/Trustee activities, initiated in 1982 to strengthen the hospital's ties with these groups and their commitment to the hospital, continued in 1983.

The second Annual Dinner was held at the Museum of Fine Arts in April, and was attended by 150 trustees, overseers, and guests. The evening's featured speaker was David Baltimore, Ph.D., an M.I.T. professor and virologist and winner of the 1975 Nobel Prize in Physiology and Medicine for his genetic research. During the evening, special recognition went to Wolbach, who was given the Chairman's Award. Four others who had been active in Children's affairs for years were formally designated honorary life overseers: Mrs. Charles F. Batchelder; Mrs. Lee Day Gillespie; James L. Jackson, Jr.; and Mrs. Raymond Wing.

The second annual Forum of Trustee Committees was held in October. The meeting included reports by three committee chairmen, an explanation of the hospital's corporate reorganization, and an update on the Determination of Need application for a new building.

In November the overseers were invited to the annual tour and briefing session to learn about some of the clinical and research activities at Children's. Included on the tour were the Poison Information Center, the Gait Analysis Laboratory, and the Multidisciplinary Intensive Care Unit.

Medical staff highlights. Several new chiefs of service and division chiefs were appointed at Children's last year.

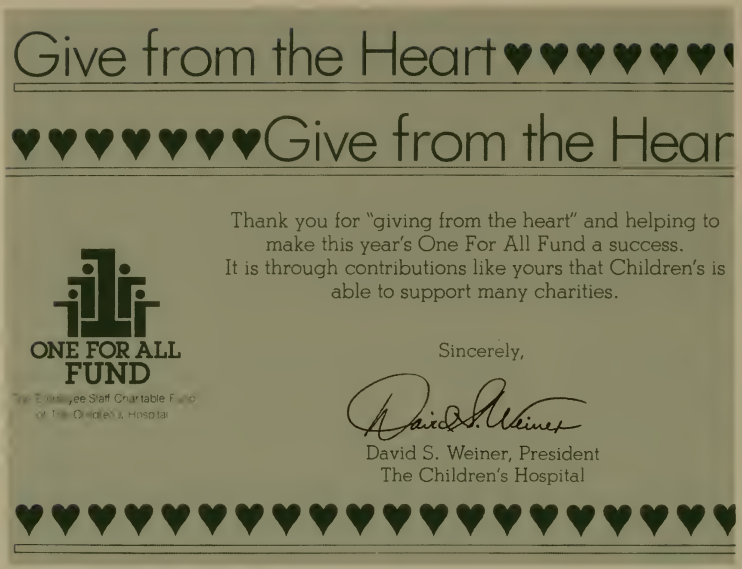
After serving in an acting capacity for several years, Stephen Shusterman, D.M.D., became chief of Dentistry, and Howard Needleman, D.M.D., became associate chief.

The appointment of W. Allan Walker, M.D., as chief of the Division of Gastroenterology and Nutrition, brought about a new collaboration between Children's and Massachusetts General Hospital (MGH). The joint program combines the expertise of clinical and research staff in gastroenterology and nutrition at both institutions.

With the appointment of Samuel Latt, M.D., Ph.D., as chief, the division's name was changed from Clinical Genetics to Genetics to reflect a commitment to research as well as clinical activities.

Two influential pediatricians who had been associated with Children's died last year. Carlyle Flake, M.D., otolaryngologist-in-chief at Children's from 1937 until his retirement in 1971, died on July 7. A pioneer in the field of ear, nose, and throat care for

Trustees David Hart (right) and Joseph W. Potter, Jr. (far right) listened to Robert Crone, M.D., (center) director of the Multidisciplinary Intensive Care Unit, explain the care that David Thompson (center) received for complicated kidney, lung, and abdominal problems. Crone stressed the importance of parental involvement (David's parents are on the left) in the overall care of critically ill children.


Give from the Heart
Give from the Hear
Thank you for "giving from the heart" and helping to make this year's One For All Fund a success.
It is through contributions like yours that Children's is able to support many charities.
ONE FOR ALL FUND
Sincerely,
David S. Weiner, President
The Children's Hospital

The theme for the fifth annual One For All Fund captured the spirit of giving—both what employees and staff contributed to the fund, and what the hospital will give, in turn, to the community.

children, Flake set the standards for excellence and compassion in pediatric otolaryngology and trained many prominent specialists in the field.

Bessie Sperry, Ph.D., a renowned child psychologist, died on May 4. She had been chief psychologist at the Judge Baker Guidance Center from 1947 until her retirement in 1978, and served as principal of the Manville School from 1967-1971. Through her supervision of the many professionals who received training at the JBGC, Sperry significantly advanced the field of mental health for children.

One For All Fund continues to offer community support. The fifth annual One For All Fund drive, conducted last fall with the theme "Give from the heart," again received the strong support of employees and medical staff. At the close of the calendar year, pledges and contributions totaled $53,385. A nine-member, employee-staff allocations committee will disburse the funds collected during the 1983 campaign to local, national, and international charitable organizations, many of them proposed by hospital employees and staff.

Bricks and mortar. Last year, Children's continued its plans for a new inpatient building and renovated several existing facilities.

The Determination of Need (DoN) application that the hospital submitted in May, 1982, for construction of a new inpatient facility was still under review by the Massachusetts Department of Public Health as 1983 drew to a close. The application remained pending during a complex period in the politics of Massachusetts health care.

Renovations began on the carriage house behind the Ronald McDonald House at 229 Kent Street, Brookline (several blocks from Children's), to make it the first bone marrow transplant recovery facility in the country. Bone marrow transplant patients are still very vulnerable to infection even after discharge from the sterile room in the hospital, so they must continue their recovery in a semi-sterile environment. A separate facility is important because their needs are very different from those of patients living in the Ronald House while undergoing traditional chemotherapy. The project is being funded by the McDonald Corporation and other benefactors, and is scheduled for completion early in 1984.

The Joint Center for Radiation Therapy, where Children's Hospital patients receive radiation treatment for cancer, moved to a new facility in the recently opened ambulatory services wing of the Brigham and Women's Hospital. The suite includes a separate waiting area for pediatric patients,

a recovery room for children awakening from general anesthesia, and a whole-body irradiator.

Major renovations were made at the Martha Eliot Health Center, an affiliate of Children's that provides medical and social service to residents of the Jamaica Plain neighborhood in Boston. Among the improvements were a new reception area and waiting room, handicapped-accessible examination room and lavatory, three new clinical offices, modernization of the laboratory and dental clinic, and rewiring of the electrical system.

Children's Hospital employees, staff, and visitors can now dine or snack in a more pleasant atmosphere and enjoy more efficient service, thanks to improvements in the dining facilities completed last year. The main dining room now includes two lines with separate entrances, making it possible for twice as many people to be served in the same amount of time. Renovations were made to the ceiling, lights, floor, walls, and cooling system.

Top photo: A groundbreaking ceremony was held in September at the carriage house behind the Ronald McDonald House, soon to be the first bone marrow transplant recovery facility in the country. Bottom photo: The Ronald McDonald House

Renovations inside the hospital last year included the dining room and The Children's Workshop. Outside the hospital, new signs were put up to direct visitors and guests to Children's and other medical area institutions.

The Children's Workshop opened in the hospital's main lobby last year in the space formerly occupied by the gift shop. Newly renovated and designed to display a warm welcome, the shop features a large selection of reasonably priced items that satisfy the serious and whimsical sides of children and adults. The shop is not of the "look, don't touch" variety; merchandise is accessible to little hands, and prices are often within the range of small allowances.

Thanks to the efforts of the Medical Area Service Corporation (MASCO), improvements in traffic control as well as a new signage system made Children's Hospital more accessible last year to the many patients, families, and visitors it serves. Longwood Avenue was made smoother and wider. Bold signs in blue, white, and black alert visitors that they are approaching the 170-acre Longwood Medical Area of Boston, and direct them to each medical and educational institution, including Children's.

A View of Children's World

Of Children's Hospital's three major activities – patient care, research, and teaching – the last is the least visible.

Patient care is easily found among the many pairs of caring hands that help to heal children, and is measured by medical records and annual statistics. Research is visible among microscopes, test tubes, and technology, and is described in journals and newspapers.

Although teaching and learning are not as easy to measure, they take place every day at Children's. Parents become important members of their child's health care team by learning as much as possible about their child's illness and treatment. Adolescent and young adult patients are taught to participate in their own care. Medical and nursing staff learn from each other. Thousands of students come to Children's every year to learn aspects of child health care ranging from medicine and nursing to patient activity and social service.

In addition, Children's has a large share in preparing the pediatricians of the future. Every year, medical students "rotate" through the hospital, receiving their introduction to the field of pediatrics and its subspecialties. Many interns, residents, and fellows complete several years of full-time training at Children's, and eventually bring what they learn to other hospitals, private practices in small towns, or foreign countries where their skills are needed.

Like ripples in a pond, the knowledge imparted at The Children's Hospital in Boston reaches around the world. The hospital's three-fold mission – patient care, research, and teaching – comes full circle to preserve, protect, and improve the health of young people everywhere.

Statistical and Financial Report

tatistics

Patient	1983	1982
Number of licensed beds	**339**	339
Inpatients served	**13,842**	13,656
Patient days	**102,813**	102,220
Average stay	**7.4**	7.5
Clinic visits	**171,410**	174,771
Number of clinics	**70**	70
Emergency room visits	**49,749**	50,476
Surgical procedures		
Inpatient	**7,907**	7,560
Outpatient	**3,355**	2,912
Total	**11,262**	10,472
Radiology		
Patient visits	**66,766**	66,730
Procedures performed	**72,877**	75,193
Laboratory tests	**1,009,040**	1,033,237

Personnel	1983	1982
Active medical staff	**571**	525
Active dental staff	**14**	11
Associated scientific staff	**142**	170
Courtesy staff	**269**	240
House staff	**439**	400
Consultants	**145**	130
Emeriti	**27**	52
Clinical assistants	**42**	19
Visiting professors	**15**	6
Nursing staff	**783**	794
Other full-time employees	**2,329**	1,827
Other part-time employees	**807**	711
Volunteers	**743**	747

tatement of Revenues and Expenses

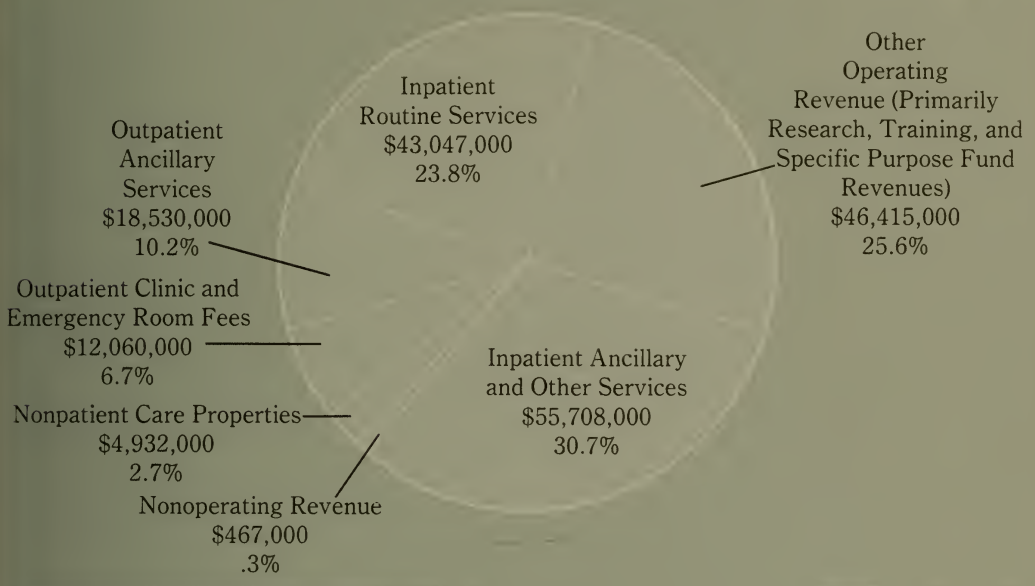
Years ended September 30, 1983 and 1982	1983	1982
Patient services revenue	**$129,344,746**	$123,381,980
Contractual adjustments applicable to current year	**(18,423,669)**	(15,845,220)
Uncompensated services	**(6,404,527)**	(7,117,283)
Net patient services revenue	**104,516,550**	100,419,477
Other revenue	**9,919,792**	9,273,174
Total operating revenue	**114,436,342**	109,692,651
Patient care expenses	**110,386,946**	109,826,416
Income from current year patient care operations	**4,049,396**	(133,765)
Contractual adjustments applicable to prior years	**2,573,490**	249,528
Income attributed to nonpatient care properties	**1,588,277**	1,371,877
Other	**318,492**	341,000
Income from operations	**8,529,655**	1,828,640
Investment income	**466,733**	505,000
Excess of revenues over expenses	**$ 8,996,388**	$ 2,333,640

Note: The Statement of Revenues and Expenses and Condensed Balance Sheet are excerpted from the audited financial statements and are not intended to provide the information contained in the complete audit report.

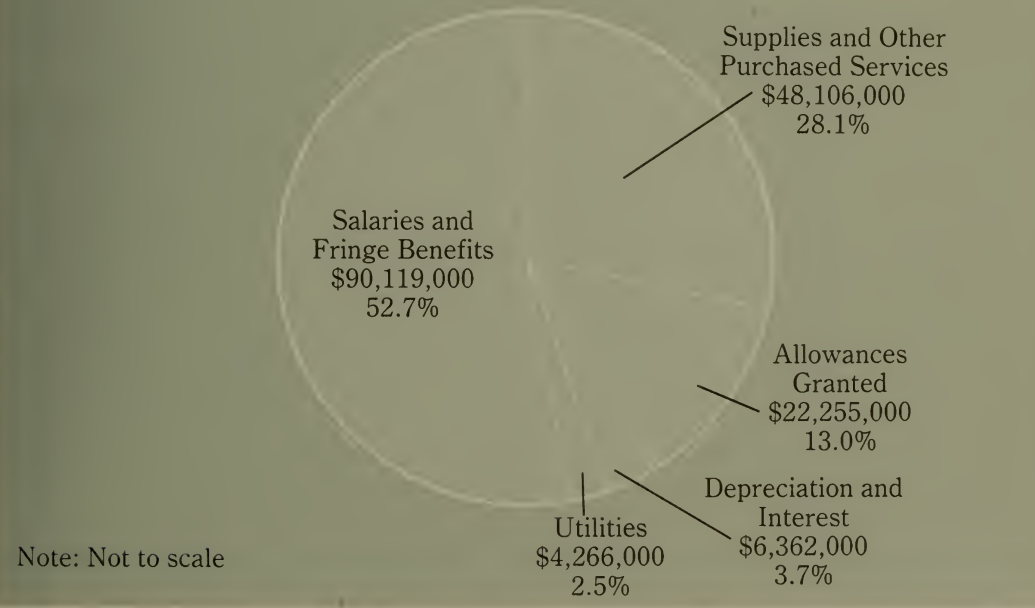
Auditors:
Peat, Marwick, Mitchell & Co.
Certified Public Accountants
One Boston Place
Boston, Massachusetts 02108

Financial Highlights: Year ended September 30, 1983

Sources of Revenues



Distribution of Expenses



Note: Not to scale

ondensed Balance Sheet: September 30, 1983 and 1982

Assets	1983	1982
Unrestricted funds:		
Current:		
Cash	$ 188,558	$ 396,638
Investments	2,000,000	1,000,000
Accounts receivable, net	34,279,288	20,591,594
Inventories	955,712	867,382
Prepaid expenses	283,318	380,344
Total	37,706,876	23,235,958
Plant, property and equipment at cost less accumulated depreciation	62,017,043	62,270,857
Other assets	3,325,494	3,223,169
Total	103,049,413	88,729,984
Restricted funds:		
Accounts receivable	3,310,421	1,449,500
Total	$106,359,834	$ 90,179,484

Liabilities and Fund Balances	1983	1982
Unrestricted funds:		
Current:		
Current portion of long-term debt	$ 251,500	$ 310,098
Accounts payable and accrued expenses	19,139,492	16,282,503
Due to third party payors	14,956,819	12,269,989
Total	34,347,811	28,862,590
Long-term debt, excluding current portion	11,669,000	11,925,639
Deferred compensation	2,562,463	2,453,523
Fund balance	54,470,139	45,488,232
Total	103,049,413	88,729,984
Restricted fund balances:		
Specific purpose funds	3,310,421	1,449,500
Total	$106,359,834	$ 90,179,484

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Myrtle Koenig
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Phoebe Blum
Marion Clark
Peter Fiore
Robert Groden
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15,669 hours of service:
Ruth Savel
Outstanding service:
Bess Pappas

Outpatient Programs

Adolescent/Young Adult Unit
Allergy Clinic
Ambulatory Nursing Program
Ambulatory Surgery Service
Anorexia Nervosa and Associated Disorders Clinic
Arthritis Clinic
Behavioral Medicine Program
Birth Defects and Genetic Counseling Center
Cardiology Clinic
Cerebral Palsy Medical Clinic
Cerebral Palsy Orthopaedic Clinic
Community Services Program
Comprehensive Child Health Program
Craniofacial Clinic
Cystic Fibrosis Clinic
Dental Clinic
Dermatology Clinic
Developmental Consultation Program
Developmental Evaluation Clinic
Diabetes Unit
Diagnostic Test Center
Diagnostic Evaluation
Clinic for Psychiatry
Dietary Consultation Program
Down Syndrome: Early Intervention Program for Infants
Early Childhood Program
Educational Assessment and Functional Progress Program
Emergency Services
Endocrine Clinics – Pediatric and Adolescent
Family Development Clinic
Gastroenterology – Nutrition Clinic
Genitourinary Clinic
Growth Clinic
Gynecology Clinic
Gynecology Nurse Program
Hand Clinic: Combined Orthopaedic – Plastic

Hearing and Speech Division
Heart Disease Prevention Program
Hematology Clinic
Hemophilia Clinic
Infant Follow-Up Program
Lead/Toxicology Clinic
Learning Disabilities Clinic
Martha Eliot Health Center
Massachusetts Poison Control System
Medical Diagnostic Clinic
Medical Intake Program
Medical Nurse Program
Metabolic Bone Disorders Clinic
Metabolism Clinic
Myelodysplasia Clinic
Neurology Clinic
Neurology Nurse Program
Neuromuscular Diseases Clinic
Neuropsychology Testing Services
Neurosurgical Clinic
Physical Therapy Clinic
PKU: Inborn Errors of Metabolism Clinic
Plastic Surgery Clinic
Podiatry Clinic
Preschool Function Program
Prevocational/Vocational Work Experience Program
Prosthetic Clinic
Protein Clinic
Psychiatry Clinic
Psychology Testing Services
Psychopharmacology Clinic
Psychosomatic Follow-Up Clinic
Pulmonary Clinic
Pulmonary Function Laboratories
Radiation Therapy Department
Radiology Department
Renal Clinic, General
Renal Clinic, Special
School Function Program
School Health Services
Urodynamics Laboratory
Vascular Clinic
Weight Control Program
Wrentham State School Contract
Young Adult Congenital Heart Clinic
Young Children and their Parents Development Clinic
Young Parent Program

Hospital Departments

Admitting
Adolescent/Young Adult Medicine
Allergy
Ambulatory Services
Anesthesia
Animal Facility
Biomedical Engineering
Blood Bank
Cardiac Catheterization

Nuclear Medicine Division
Occupational Therapy Clinic
Oncology Service, Pediatric
Ophthalmology Clinic
Oral Surgery Clinic
Orofacial Clinic (Children's Hospital)
Orofacial Clinic (Services to Handicapped Children)
Orthopaedic Clinic, General
Orthopaedic Nurse Program
Orthoptic Clinic
Ostomy Program
Otolaryngology Clinic
Pacemaker Clinic
Pains and Incontinence Program
Seizure Clinic
Seizure Unit
Seizure Unit Family Services Team
Sexual Abuse Treatment Team
Sleep Disorder Program
Social Service Department
Spanish Consultation Services
Spanish School Functions Team
Special Diagnostic Test Center
Spinal Deformities Clinic
Sports Medicine Division
Surgical Clinic, General
Surgical Nurse Program
Tumor Program
Cardiology
Cardiovascular Surgery
Cell Biology
Central Supply
Child Development
Clinical Engineering
Clinical Laboratories
Communications
Community Services
Continuing Care
Corporate Planning
Cystic Fibrosis
Dental

Dermatology
Development
Dietary
Endocrinology
Environmental Services
Epidemiology
Facility Planning
Fiscal Services
Gastroenterology and Nutrition
General Counsel
General Stores
Genetics
Gynecology
Hearing and Speech
Hematology/Oncology
Hemodialysis
Hospital Engineering
Immunology
Infectious Diseases
Kinesiology
Linen
Management Information Systems
Materials Handling
Media Services
Medical Records
Medicine
Message Center
Metabolism
Nephrology
Neurology
Neuroscience
Neurosurgery
Newborn Medicine
Nuclear Medicine
Nursing
Occupational Therapy
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Parking
Pathology
Patient Activity
Patient Relations
Personnel
Pharmacology
Pharmacy
Physical Therapy
Planning
Plastic Surgery
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Psychology
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Pulmonary
Purchasing
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Radiation Therapy
Radiology
Rehabilitation Engineering Center
Research Administration
Respiratory Therapy
Security
Social Services
Special Services
Surgery
Surgical Research
Urology
Volunteer Services

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